Michigan Department of Treasury
4460 (10-07)

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## **IFTA Cancellation of Account**

## **ACCOUNT INFORMATION**

1. Company/Individual Name		2. IFTA Account Number		
3. Address		4. City, State, ZIP Code		
5. Contact Person Name	1	6. Telep	6. Telephone Number	
CANCELLATION f you are canceling your account, you must des	troy all decals and li	censes for the accour	nt.	
I wish to cancel my IFTA account effective for the fo			ng reason(s):	
I am leased with a company that provides	FTA licensing and tax	reporting.		
Company I am leased to Name and Address:			Lease Start Date	
I am no longer in the trucking business.  I am incorporated and filing under a new and other (Explain):	•		is	
CERTIFICATION  have destroyed all IFTA decals and license(s) for the agent.	is account. Must be sig	gned by owner, partner,	corporate officer or autho	rized
Printed Name	Signature		Date	
OFFICE USE ONLY				
Clerk Initials	Date			

## **GENERAL INSTRUCTIONS**

The purpose of this form is to cancel your IFTA account if you are no longer required to file Quarterly IFTA tax returns. See the list below for reasons you may discontinue your IFTA license and filing requirements.

- You have a new lease agreement with a company that provides IFTA licensing and tax reporting.
- You are no longer in the trucking business
- Your company has incorporated and is filing under a new Federal employee identification number (FEIN).

Complete lines 1 through 6 with your name, address and contact information. If you have entered into a new lease agreement, check the box and include the name and the address of your new company. If you are canceling for other reasons, check the appropriate box. Sign and date the form and return to:

Customer Contact Division-Special Taxes Michigan Department of Treasury P. O. Box 30474 Lansing, MI 48909-7974

Fax: (517) 636-4593